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01/24/2008

EMULEX DESIGN & MANUFACTURING CORPORATION
 C/O MORRISON & FOERSTER LLP
 555 WEST FIFTH STREET, SUITE 3500
 LOS ANGELES, CA 90013

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/617,148	07/10/2003	Bruce Gregory Warren	491442011620	1394

TITLE OF INVENTION: METHODS AND APPARATUS FOR SWITCHING FIBRE CHANNEL ARBITRATED LOOP SYSTEMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	04/24/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
MEW, KEVIN D	2616	370-401000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.353).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. Printing on the patent front page, list

(1) the name of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Morrison & Foerster LLP

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

EMULEX DESIGN &
MANUFACTURING CORPORATION

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

COSTA MESA, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1952. (enclose an extra copy of this form.)

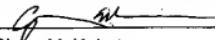
5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date 4-4-08

Registration No. 44,197

Authorized Signature 

Typed or printed name Glenn M. Kubota

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